

HOW WE MAY USE AND DISCLOSE YOUR PHI

We may use and disclose your PHI for the following purposes:

Business Associates: There are some services provided to our organization through contracts with business associates, such as laboratory and radiology services. We may disclose your PHI to our business associates so that they can perform these services. We require the business associates to safeguard your information to our standards.

Individuals Involved With Your Care: We may disclose your PHI to family or others identified by you or who is involved in your care or payment for your care. We may also notify a family member, or another person responsible for your care, about your location and general condition, unless you object by contacting the caregiver at the facility providing your care.

Legally Required Disclosures & Public Health: We may disclose your PHI as required by law, including to government officials to prevent or control disease, to report child, adult or spouse abuse, to report reactions or problems with products, and to report births and deaths.

Health Oversight Activities: We may disclose your PHI to a federal or state health oversight agency that is authorized to oversee our operations.

Workers Compensation: We may disclose your PHI for workers compensation or similar programs.

Serious Threats to Health and Safety: We may disclose your PHI if necessary to prevent or reduce the risk of a serious or imminent threat to the health and safety of an individual or the general public.

Law Enforcement & Subpoenas: We may disclose your PHI to law enforcement such as limited information for identification and location purposes, or information regarding suspected victims of crime, including crimes committed on our premises. We may also disclose your PHI to others as required by court or administrative order, or in response to a valid summons or subpoena.

Inmates: We may disclose your PHI to a correctional facility which has custody of you if necessary a) to provide health care to you; b) for the health and safety of others; or c) for the safety and security of the correctional facility.

Information Regarding Decedents: We may disclose your PHI regarding a deceased person to a) coroners and medical examiners to identify cause of death or other duties; b) funeral directors for their required duties; and c) to procurement organizations for purposes of organ and tissue donation.

Research: We may disclose your PHI where the disclosure is solely for the purpose of designing a study, or where the disclosure concerns decedents, or an institutional review board or privacy board has determined that obtaining authorization is not feasible and protocols are in place to ensure the privacy of your health information. In all other situations, we may only disclose your protected health information for research purposes with your authorization.

Treatment Alternatives: We may contact you with information about treatment alternatives or other health related benefits and services that may be of interest to you.

Fund Raising: We may contact you as part of a fund raising effort. You may opt out of fund raising communications by using the contact information listed on the fund raising material you receive.

Appointment Reminders: We may use and disclose your PHI to provide a reminder to you about an appointment.

DISCLOSURES REQUIRING AUTHORIZATION

- 1. Sale and Marketing of PHI.** We may not sell you PHI or use or disclose your PHI for marketing purposes without your authorization.
- 2. Psychotherapy Notes.** Most uses and disclosures of psychotherapy notes require an authorization.
- 3. All other uses and disclosures.** All other uses and disclosures of your PHI will only be made pursuant to your written authorization, which you have the right to revoke at any time, except to the extent we have already made disclosures pursuant to your authorization.

Changes to this Notice

We reserve the right to change the terms of this Notice and to make new Notice provisions effective for all your PHI that we maintain by posting the revised Notice upon request to the facility or the Privacy Officer, or posting the revised Notice on our website.



Notice of Privacy Practices

Effective April 14, 2003
Revised September 23, 2013

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR PLEDGE REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI)

We are committed to protecting the privacy of all health information we create and maintain as a result of the health care we provide you. Your “protected health information” (PHI) includes information about your past, present or future health, health care we provide you and payment for your health care contained in the record of care and services provided. The purpose of this Notice is to explain who, what, when, where, and why your PHI may be used or disclosed, and assist you in making informed decisions when authorizing anyone to use or disclose your PHI.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

1. To request in writing to the treatment area a restriction on the uses and disclosures of PHI as described in this Notice. We are not required to agree to the restriction you request. We may not be able to comply with your request in certain situations, which include emergency treatment, disclosures to the Secretary of the Department of Health and Human Services and uses and disclosures that do not require your authorization.
2. To request in writing a restriction on disclosures for payment or health care operations when paying out-of-pocket in full for health care item or service. We are required to agree to this restriction.

3. To obtain a paper copy of this Notice and upon written request submitted to the health care facility maintaining the record, inspect and/or obtain a copy of your health record.
4. To amend your health record by submitting a written request with the reasons supporting the request to the Medical Records department. We may deny your request if; a) the record was not created by us, unless the person that created the record is no longer available to make the amendment; b) the record is not part of the health information used to make decisions about you; c) we believe the record is correct and complete; d) you would not have the right to inspect and copy the record as described herein.
5. To request in writing to the Privacy Officer a written list of disclosures for purposes of treatment, payment, operations, directory notification, disaster relief, as allowed under certain circumstances by law or pursuant to your authorization.
6. To request in writing to the treatment area that we communicate with you by a specific location. We will typically communicate with you in person; or by letter or telephone.
7. To revoke your authorization to use or disclose PHI at any time except, unless your authorization was obtained as a condition of obtaining insurance coverage, and except to the extent your PHI has already been disclosed pursuant to your authorization. Your revocation request must be made in writing to the Medical Records Unit.
8. To be notified of a breach of your unsecured protected health information.
9. To receive a copy of your medical record in electronic format, if possible.

OUR RESPONSIBILITY

Maintain the privacy of your PHI and provide you with notice of our legal duties and privacy practices with respect to protected health information.

Abide by the terms of the Notice currently in effect. We have the right to change our Notice of Privacy Practices and we will apply the change to all of your PHI, including information obtained prior to the change.

Post notice of any changes to our Privacy Practices in the lobby and make a copy available to you upon request.

CONTACT FOR QUESTIONS/COMPLAINTS/REQUESTS

Direct your questions, complaints and requests

Crystal Davidson RN, Compliance
P.O. Box 1535
Barbourville, KY 40906
Telephone: (606) 546-7777

HOW WE MAY USE AND DISCLOSURE YOUR PHI

We may use and disclose your PHI for the following purposes:

Treatment: We may use and disclose your PHI to anyone involved in the provision of health care to you, including for example, physicians, nurse practitioners, nurses, and other medical professionals. We may also disclose your PHI to outside treating medical professionals and staff as deemed necessary for your health care.

Payment: We may use and disclose your PHI to billing and collection agencies, insurance companies and health plans to collect payment for our services.

Health Care Operations: We may use and disclose your PHI for our own health care operations. For example, we may use your PHI to assess your care in an effort to improve the quality and safety of our services to you; to evaluate the skills, qualifications, and performance of our health care providers; to provide training programs to students, trainees and other health care providers. In addition, our accountants, auditors, and attorneys may use your PHI to assist our compliance with applicable law.